

Section of Dermatology.

[June 18, 1931.]

Lichen Planus of Limbs and Scalp.—Sir ERNEST GRAHAM-LITTLE, M.D.
The patient, a woman aged 56, has lichen planus of a semi-hypertrophic type on the left leg, and some aggravated acuminate papules on the scalp, where some cicatricial atrophy has also taken place.

A Warty Condition of the Areolæ Papillaris, having Superficial Resemblance to Acanthosis Nigricans.—HUGH S. STANNUS, M.D.

Patient, a Belgian woman, aged 56, single.

The skin of the axillæ and groins is unaffected. There are many warts, partly pigmented, on the body.

There are fibroids in the uterus, but no signs of malignant disease.

Dr. PARKES WEBER said that he thought that the condition was one of nævus of warty type.

Pellagra.—HUGH S. STANNUS, M.D.

Patient, an English child, aged 7. Typical pellagrous rash on face, hands, and wrists. Muco-cutaneous margins of lips sodden and white: lips sore; edge of tongue red; slight reddening of mucous membrane of mouth.

Does not complain of abdominal symptoms, but there has been diarrhœa.

Signs of early involvement of nervous system; some change in temper.

This is the fourth year in which the rash has appeared, on each occasion in March. It disappears in the winter. The skin condition is rapidly clearing up.

Dr. C. H. WHITTLE said that he had seen a case of pellagra in Cambridge a year ago, in a child 7 years old, who showed lesions on face and hands, and had gastro-intestinal and nervous symptoms.

Annular Centrifugal Erythema ("Erythème Annulaire Centrifuge," Darier, 1916).—A. C. ROXBURGH, M.D.

Mrs. R., aged 34.

History.—"Sore throat" three or four weeks ago. Shortly afterwards a red raised lesion, about one quarter of an inch in diameter, appeared on the cheek in front of the left ear. Nine or ten days later others appeared on the right side of the neck, below the left ear, on the back of the neck and over the manubrium sterni; more recently numerous small lesions have appeared on the chin and the right cheek. She has taken no drugs, except a proprietary brand of acetyl-salicylic acid, which she is still taking.

Present condition.—The lesions begin as papules about half an inch in diameter, which spread out into oval or circinate figures, up to $2\frac{1}{2}$ in. across, of a dark reddish brown colour. The edges of the larger lesions are raised as much as one-eighth of an inch from the surrounding skin, while the centres are raised less, or not at all. The majority of the larger lesions are oval, $1\frac{1}{2}$ to 2 in. in length and one inch in breadth, while under the left ear is a trefoil figure $2\frac{1}{2}$ in. across, formed no doubt by the intersection of three lesions. On the chin and right

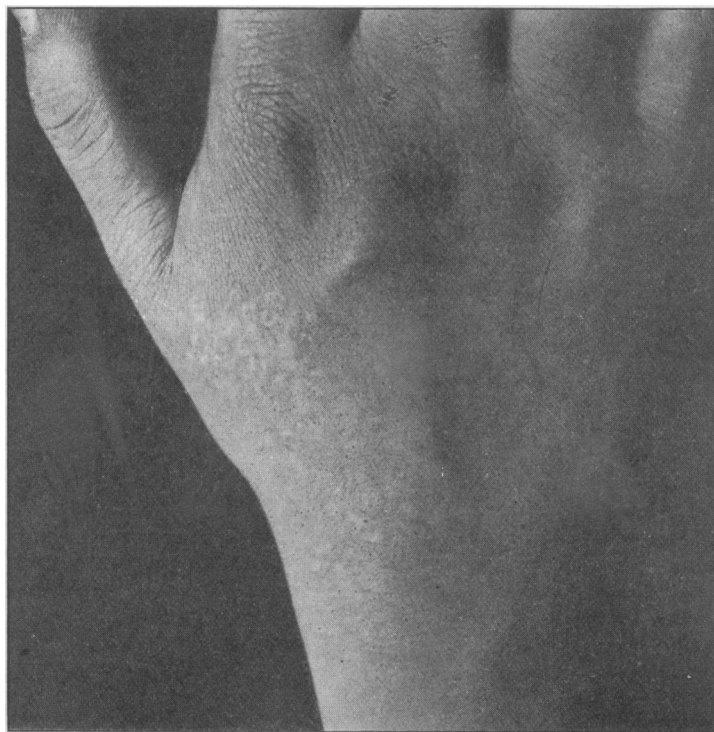
cheek are groups of smaller lesions a quarter to half an inch in diameter. The original lesion in front of the left ear has now nearly disappeared. The patient feels well.

Cases possibly of the same nature were shown by Dr. Barber in March, 1925, and by Sir Ernest Graham-Little in January, 1930. In March, 1927, a case was reported in the *Dermatologische Wochenschrift*, in which apparently autohæmotherapy was rapidly successful.

Discussion.—Dr. A. M. H. GRAY said that this case bore a striking resemblance, except for the rapid growth of the lesions, to a case which he had shown a few years ago, and which he still saw occasionally. The case of the kind exhibited by Dr. Goldsmith definitely proved to be one of mycosis fungoides. He was still convinced that his (Dr. Gray's) own case was not one of mycosis fungoides. He had always imagined that the lesions in Darier's centrifugal erythema were flatter and the edges narrower, and that the condition travelled quickly. These present lesions were travelling with considerable rapidity. In his own case the striking histological feature was the number of giant cells present, with practically no other type of cellular infiltration.

Nævus Anæmicus of Hand.—F. PARKES WEBER, M.D.

The patient is an Englishwoman, aged 20. On the radial portion of the dorsal aspect of the right hand is a cluster of white spots and "blotches" of various shapes



Nævus anæmicus.

and sizes, extending from the wrist to the distal end of the metacarpus (see figure). The "blotchy" distribution of the white markings makes the diagnosis of *nævus*